



Change of Name/Address Form

(Please type or print)

Name: _____

License Number: _____ Certificate Number: _____

Status: Choose One of the Following: ☐ **Physician** ☐ **Medical Assistant** ☐ **Preceptee** ☐ **Student**

Type of Change Requested ~ Choose All that Apply:

☐ Name ☐ Residence ☐ Moving Practice ☐ Adding Practice

PRIMARY LOCATION: PLEASE COMPLETE

☐ **Check the box if this is a Change**

Name: _____

Home Address: _____

Home Telephone: _____

Practice Name: _____

Practice Address: _____

Practice Telephone: _____ Fax _____ E-Mail _____

SECONDARY LOCATION

☐ **Check the box if this is a Change**

Name: _____

Home Address: _____

Home Telephone: _____

Practice Name: _____

Practice Address: _____

Practice Telephone: _____

Additional Practice Locations: Add the requested information to the Back of this Document

I am requesting a duplicate of the following: (check all that apply)

☐ Medical License ☐ Certificate to Dispense ☐ Medical Assistant Certificate
☐ Certificate/Preceptee ☐ Certificate/Preceptor (physician) ☐ Student ☐ Other

NOTE: Notify the Board in writing within thirty (30) days, of any change in status of that person's initial application including any change of name, residence, practice address, telephone number and of each subsequent change of status.
Pursuant to A.R.S., Section 32-1507(B), the Board may assess the costs incurred by the Board in locating a person who is licensed or certified by the Board. **NAME CHANGE:** You are required to enclose a copy of your marriage certificate or court order to change your name. List the name you request to be changed on a License or Certificate.

Change in person's legal name, practice name and practice location requires a duplicate license and/or certificate. Fee for each license/certificate is \$20.00. Please attach a check or money order for the correct amount and mail to NPBOMEX at the address listed above.

Signature: _____ SSN _____ Date: _____